MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6		3				
7		1				
8		1				
9		1				
10		3				
11		1				
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